

CITY OF HERMANTOWN HERMANTOWN POLICE DEPARTMENT

INFORMATION DISCLOSURE REQUEST FORM

(Minnesota Government Data Practices Act)

1.	Com	pleted	by Rec	luester
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- Requester Name (Last, First, MI):
- Street Address:
- City, State, Zip Code:
- Telephone Number:
- Date of Request:
- Description of Information Requested:

Requester Signature:	
 Department Name: Handled by: Information Classified As Public: Non-Public: Private: Protected Non-Public: Confidential: Action Approved: Approved in Part: Denied: Remarks or Basis for Denial Including State 	ute Section:
Photocopying Charges	
 None: Pages x Cent Special Rate 	

- Identity verified for private information:
 - o Identification: Drivers License, State ID, etc.:
 - Comparison with Signature on File:
 - o Personal Knowledge:

Authorized Signature	 Date:

o Other: _____

Tennessen Warning - Data Practice Advisory

Some or all of the information that you are asked to provide on the attached application is classified by state law as either private or confidential. Private data is information, which generally cannot be given to the public, but can be given to the subject of the data. Confidential data is information which generally cannot be given to either the public or the subject of the data. Our purpose and intended use of this information is to consider your application. You are not legally required to provide this information. You may refuse to provide this information. The consequences of supplying or refusing to supply data are that your application may not be considered or it may be denied. Other persons or entities may be authorized by law to receive the information.

